

## Round the World

From our Correspondents

### United States

#### DISHONEST STUDENTS

THE intensity of competition to gain entrance to a medical school has often been commented on and concern has been felt at unethical conduct before entrance—cheating, stealing notes, and sabotaging other students' experiments. Having been accepted, there is, in most cases, the hurdle of the examinations of the National Board of Medical Examiners. At this level, the students of the medical schools in the US are joined by those from overseas or offshore medical schools, and immigrants hoping to practise, lucratively, in the States. Only with these hurdles passed, including the Flex examination for foreign medical graduates, can graduates hope to reap the golden harvest unless they present false credentials. The extent of fraud is now so widespread that the credentials of hundreds of physicians are being closely scrutinised. Recently it has become clear that fraud and cheating in examinations is common at every level, since papers have been stolen, copied, and sold, sometimes at high prices. Examination after examination has been compromised in this way. The medical college aptitude test, widely used as an entry criterion, was found last year to have been available to many examinees before they sat the paper while, at the same time, the examination for doctors trained overseas was so badly compromised that a quarter of those sitting it had prior knowledge of the questions. Person or persons unknown stole a copy, sold it for \$50 000, the purchaser made copies available at \$10 000 to others, who made further copies and sold them at \$5 000 apiece. Such practices have increased in the past few years. Some individuals have been caught trying to bribe people to obtain copies of the examinations but the investigations made so far have not identified the original thieves, though inquiries are being actively pursued in several states, one country overseas, and one area of the Caribbean.

When illegally-acquired copies of examinations may be bought in the streets, something drastic must be done. These practices question the whole examination system and the easily memorised multiple-choice questions in particular. Dr Cooper, of the Association of American Medical Colleges, believes that different tests might be used, including essay-type questions. Here he points, perhaps, to the key issue. How far should medical schools take responsibility for insuring that their graduates are of acceptable calibre? For years, many have taken the attitude that a student who is good enough to be accepted is automatically entitled to graduate. Few if any colleges have final examinations, clinical examinations, or even monitor standards by using external examiners, and many appear indifferent to the standards achieved. If students can pass the National Boards, well and good, but if they cannot, they may still be awarded an MD. It seems likely that without a change in attitudes within medical colleges the situation will persist or get worse.

In the past the medical profession has enjoyed high public esteem and enjoyed a rich financial status. But if there are not a few physicians with frankly fraudulent credentials and a high proportion suspected of cheating their way to licensure, then public opinion may be less favourable.

### West Germany

#### BITTER PILLS—A WASTED OPPORTUNITY?

SINCE January a book called *Bittere Pillen*<sup>1</sup> (bitter pills) has headed the best-seller list in West Germany, having drawn an enthusiastic welcome from commentators in magazines and on television, and apparently also a substantial section of society. The German Medical Association, the pharmaceutical industry, and the professional journals take a very different view, and have attacked it fiercely. Such a medical "war" has not been seen since 1976 when

Hackenthal launched his book on malpractice in surgery.<sup>2</sup>

The book—offered in gorgeous blue covers—provides information on more than 2000 drugs that account for about 80% of West Germany and Austria's pharmaceutical market. Along with short accounts of clinical symptoms, body systems, and diseases, it provides a somewhat unsystematic description of the unwanted and wanted effects of drugs in each of 75 areas of application. The emphasis is very much on the unwanted effects, and the information is qualitative rather than quantitative. The few references are almost exclusively to secondary publications—notably, a single textbook of pharmacology<sup>3</sup> and the "transparenz-telegram" (a critical guide for doctors and consumers published by a private drug information agency in West Berlin). In clearly laid out tables the book offers simple value judgments on each drug including classification under the headings "general useful", "useful only in limited conditions", "barely useful", and "not useful but dangerous" (in which case the reader is advised not to take it). Additional tables carry information (some of it never intended for the public eye) on the economics of each drug including worth of business and number of packages sold in 1981, on the costs of a single package in the chemist's shop, on different formulations, and on whether it is prescription-only or over-the-counter. The Austrian authors—two journalists, a sociologist, and a chemist who was formerly sales manager in a West German pharmaceutical company—have written a previous best-seller, *Gesunde Geschäfte*,<sup>4</sup> which revealed shady practices in the pharmaceutical industry and published confidential letters between companies and doctors (mainly academics).

What should we make of this enterprise? For the doctors being pilloried it is difficult to take a detached view, but the information does seem deficient in many ways. Disease presentation and severity are not discussed; incidence and extent of drug effects (whether beneficial or adverse) are not specified; and statements tend to be based not on clinical trials but on (sometimes obsolete) reports of experimental pharmacology—a direct and dangerous consequence of West Germany's attitude to controlled studies.<sup>5</sup> Economic data are accurate, but the reader is in no position to weigh costs against benefits when the other information is so impressionistic. For example, all antihistamines are dismissed as weakly and unreliably effective, therefore seldom useful; so the advice is not to take them in any kind of allergic reaction. This judgment is based on faulty citation of the pharmacological textbook,<sup>3</sup> neglect of the verdict of the transparenz-telegram, and complete failure to notice recently published trials on allergic rhinitis<sup>6</sup> and anaphylactoid reactions.<sup>7,8</sup>

Why is this book a best-seller? Not only patients but also doctors are deluged with misleading news about the benefits and risks of drugs, and there is undoubtedly a need for terse, simple information. The firm pronouncements of *Bittere Pillen* may be wrong—sometimes even dangerously so—but they fill this need. Lastly, the man-in-the-street regards drugs with considerable emotion, and the text is well geared to this. It addresses anxieties about multinational companies, attacks their profits, and blames the industry for causing excessive drug consumption (and the doctors for complicity). But why was this book not written by any of us in the medical profession?

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